RECEIVED

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PEPT OF Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid
Date

Section 1	ADDI	ICANT	DEDCON	ORGANIZAT	TON OD	WATED	CVCTEM
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Name INDRY D	HIIM		Homo Tole	1000	30 01	cicl
Name LARRY R	HELM		Home Tel:	00)37	2-01	7 7
Mailing Address 2660	E41st Ter	race	Work Tel: (34	0)961	1-95	84
Mailing Address 2660 City Bellingham	_ State Zip+4_	98226+	FAX:(3	60)52	2- 90	14
Section 2. CONTACT Same as above						
NameSAA	45		Home Tel:(_		- 6 6	
Mailing Address			Work Tel:(-	
City	_ State Zip+4_	+	FAX:(7.56
Section 3. STATEMEN						
The applicant requests a permit to cubic feet per second) from a of MCMICULTUME DESCRIPTION OF THE PLA sufficient. Estimate a maximum annual quant	Usurface water source [TRRIGH 1 CE OF USE. (See in	ce or ground w	vater source (control of the source (control	heck onl FACH A	y one) for "LEGAI	the purpose(s)
☐ Check if the water use is p	roposed for a short-ter		ate the period	of time th	hat the wat	er will be needed

If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): If GROUNDWATER A permit is desired for _____ well(s). A. 8" 96 feet B. 8" 106 feet Size & depth of well(s): Col_28241

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest

A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.)
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use HAY Acres 5
	Use HAY Acres 7
	UseAcres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) Add up the Access circular description of the Access circular and th

* Acreage proposed to be irrigated under this application.

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store	water	ore v	st	or	retain	to	structure to	other	or	dike,	dam,	ng a	be usi	you	Will
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□ YES ☑ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

HWYS TO MNT. BAKER HWY. EAST TO MILEPOST 6

RIGHT ON Y ROAD. FIRST RIGHT ON SQUALICUM LAKE ND

, 9 MILE TO EHIST TENNACE — WELLS IN VALLEY

WELL HOUSE VISIBLE.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

EYES NO

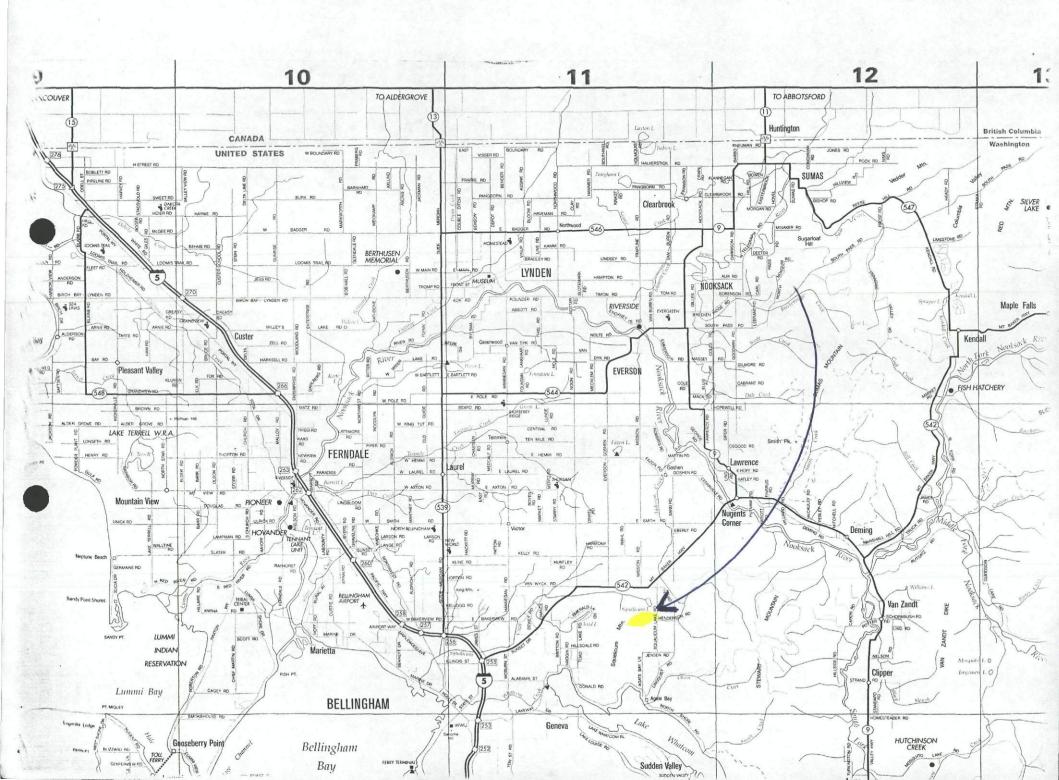
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

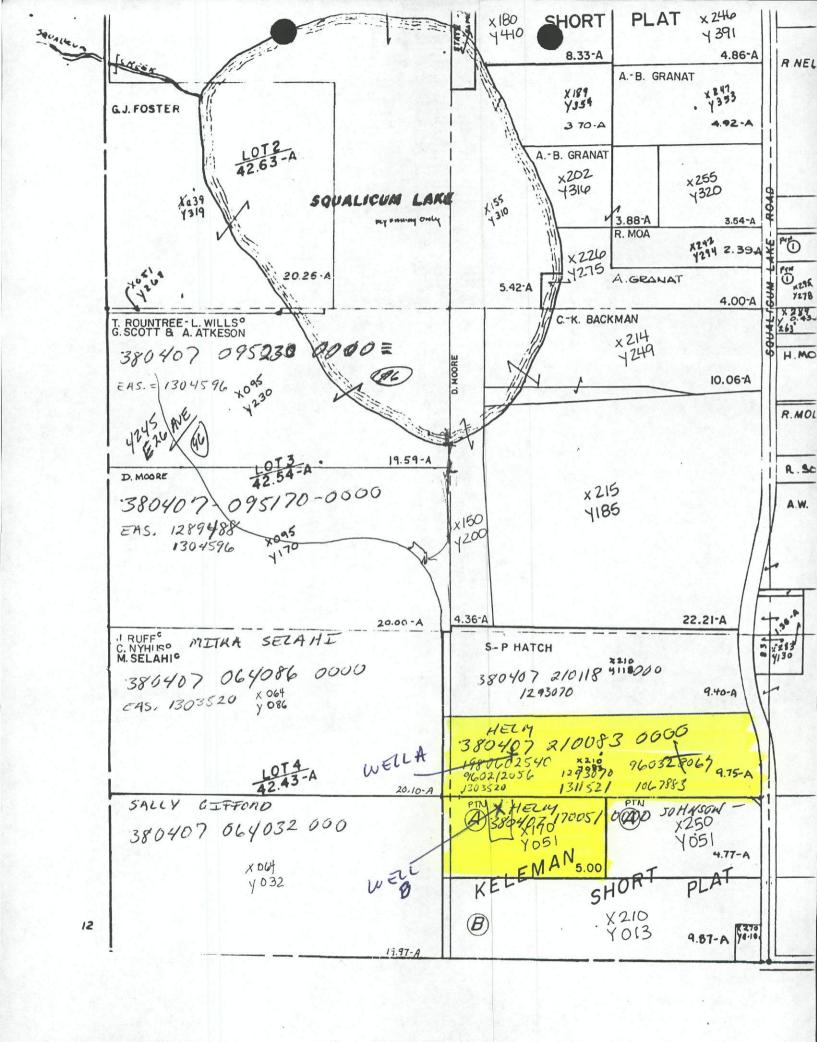
Jung R Helm

3/18/05

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
하는 사람들이 얼마나 가장 하는 사람들이 살아보고 있다면 하는 것이 없었다. 그 사람들이 얼마나 살아 살아 살아 있다는 사람들이 없었다면 살아 있다면 살아 있다.	and return your ap	plication by
Please provide the additional information requested above (date).	and return your ap	plication by





Mode: INQUIRY Real Property Auto Roll: OFF Omit DL: OFF Parcel # 380407 210083 0000 Tax Yr 2004 * Title Owner # HELM 1300 LARRY R & SHARON M HELM

* Contract Own #

Plat/Condo Type

Code

* Code FT-TH N 00 DEG 16'57" W PAR TO W LI OF Tax Code 7011 507 F4

Zoning Code R5A RURAL 1DU/5AC
Chg Rs OC OWNERSHIP CHANGE

Tax Stat Tax Stat Tax Taxable Reval D
F/P? N Acy Land: Improved Unimp Timber Total Dand Improvement Total_AV
Acres 9.75
Taxable 90000 105320 195320 Acres 9.75
Taxable 90000 Taxable Market Sub Cd Int%
Regular Taxable 195,320
App # Agr # Mob Home AV O/AV New/C

20% your

As-Tx Yr

R 200 oches wolf with wood

Sr Cit Cd

Lien Date AF #

Mode: INQUIRY Real Property Auto Roll: OFF Parcel # 380407 170051 0000

* Taxpayer # HELM 1300 LARRY R & SHARON M HELM

* Title Owner # HELM 1300 LARRY R & SHARON M HELM

* Contract Own # Plat/Condo Type SP Code KELE 6957 Blk Lot Dock

THAT PTN OF LOT A KELEMAN SHOPT PLAT AS Omit DL: OFF THAT PTN OF LOT A KELEMAN SHORT PLAT AS

REC BOOK 3 SHORT PLATS PG 115 DAF-W 5

ACRES OF N 320.75 FT OF THAT PTN OF GOVT

LOT 4-E 1/2 SW DAF-BEG AT SE COP OF Description LOT 4-E 1/2 SW DAF-BEG AT SE COR OF
E 1/2 SW-TH S 89 DEG 34'50" W ALG S LI

Tax Code 7011 507 F4

Zoning Code R5A RURAL 1DU/5AC
Chg By Chg Rs OC OWNERSHIP CHANGE
TAX Stat TX TAXABLE
Reval D
F/P? Y AC

Land: Improved Unimp Timber Total_Land Improvement Total_AV Acres 5.00
Taxable 40000 40000 40000 40000

Market O/AV Mob Home AV New/C

Sub Cd Int%
Regular Taxable 40,000
App # Agr # Sr Cit Cd As-Tx Yr Lien Date AF #

